

CITY OF NILES, OHIO
Building and Zoning Dept.
34 W. State Street, Niles, Ohio 44446
Phone: 330 544-9000, ext. 178
Fax: 330 544-3429

Office use only:	Date:	Receipt:	City Reg. #:
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NEW: ()

CONTRACTOR REGISTRATION

RENEWAL: ()

Do not leave any section blank or registration will not be approved

Owner/Officer/License Holder Name: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Federal Identification Number (FEIN): _____

BUSINESS NAME: _____

Business Address: _____

City/State/Zip: _____ Business Phone: _____

Cell Phone: _____

Fax Number: _____

REQUIRED FOR FUTURE ANNUAL REGISTRATION - Email: _____

Type of contractor (General, HVAC, Electric, Plumbing): _____

Please enclose the following:

- 1.) Surety Bond in the amount of TEN THOUSAND DOLLARS (\$10,000.00) **(City of Niles must hold the original bond)**
- 2.) Certificate of Liability Insurance – minimum coverage of Three Hundred Thousand Dollars (\$300,000.00)
The State of Ohio requires HVAC, Plumbing, Electrical, Hydronics and Refrigeration contractors to carry a minimum of \$500,000.00 liability insurance coverage (general aggregate)
- 3.) Ohio Worker’s Compensation Certification, if other than sole proprietorship
- 4.) Proof of State or Federal License per House Bill 402, if applicable, (i.e. Electrical, HVAC, Plumber’s, Fire Alarm, etc. licenses)

Do not submit without all required documents and payment.

If you are a sole proprietor and do not carry Worker’s Compensation, please initial here: _____

Contractor Registration renewal date is March 31st of each year.

For more information about the requirements for registration with the City of Niles, Ohio see ORD #38-96 of the Codified City Ordinance

Please complete each section. If item is not applicable, please give reason (i.e. no email address, no cell phone, etc.)

New Contractor Fee: \$50.00 Annual Renewal Fee \$50.00 (Registration fees not refundable)

MAKE CHECKS PAYABLE TO: CITY OF NILES

I, _____, DO HEREBY DECLARE THAT ALL INFORMATION ON THE ABOVE REGISTRATION TO BE TRUE AND ACCURATE.

Date: _____ Signature: _____

Respectfully submitted this _____ day of _____, 20_____

Notary Public: _____ Commission expires: _____